

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known)

Chapter 11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Jim's All Seasons LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 94-3466072

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**5100 Pearl Rd
Unit S2
Cleveland, OH 44129**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Cuyahoga

County

Location of principal assets, if different from principal place of business

**5100 Pearl Rd
Unit S2 Cleveland, OH 44129**

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5617**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____
District _____

When _____
When _____

Case number _____
Case number _____

Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

Relationship

District

When

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☒ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor

Jim's All Seasons LLC

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 6, 2023**
MM / DD / YYYY

X /s/ James Chapman
Signature of authorized representative of debtor

Title **Managing Member**

James Chapman
Printed name

18. Signature of attorney

X /s/ Glenn E. Forbes
Signature of attorney for debtor

Date **April 6, 2023**
MM / DD / YYYY

Glenn E. Forbes 0005513
Printed name

FORBES LAW LLC
Firm name

166 MAIN STREET
Painesville, OH 44077
Number, Street, City, State & ZIP Code

Contact phone **440-739-6211**Email address **bankruptcy@geflaw.net**

0005513 OH
Bar number and State

Fill in this information to identify the case:Debtor name Jim's All Seasons LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 6, 2023**X /s/ James Chapman**

Signature of individual signing on behalf of debtor

James Chapman

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Jim's All Seasons LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express P.O. Box 650448 Dallas, TX 75265-0448		Credit Card				\$2,668.00
Capital One P.O. Box 30285 Salt Lake City, UT 84009		Credit Card				\$1,992.00
Donna Deluca 4556 Pebbble Bay South Red House, VA 23963		2018 Vermeer Chipper		\$52,000.00	\$35,000.00	\$17,000.00
Donna Deluca 4556 Pebbble Bay South Red House, VA 23963		2d 2018 Vermeer Chipper		\$52,000.00	\$35,000.00	\$17,000.00
Expansion Capital 5801 S. Corporate Place Sioux Falls, SD 57108		Loan				\$39,024.00
Financial Pacific Leasing 3455 S. 344th Way, Suite 300 Federal Way, WA 98001		GMC 7500 Dump		\$62,000.00	\$2,500.00	\$59,500.00
Financial Pacific Leasing 3455 S. 344th Way, Suite 300 Federal Way, WA 98001		2004 Rayco Stump Grinder		\$62,000.00	\$20,000.00	\$42,000.00

Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Financial Pacific Leasing 3455 S. 344th Way, Suite 300 Federal Way, WA 98001		2002 Kenworth Dump Truck		\$62,000.00	\$25,000.00	\$37,000.00
Home Depot P.O. Box 9001010 Louisville, KY 40290		Credit Card				\$2,229.00
Illuminating Company						\$231.82
James Casciano 4797 Forrest Grove Dr Brunswick, OH 44212		Contract				\$632,000.00
National Funding 9530 Towne Centre Dr. San Diego, CA 92121		Loan				\$27,500.00
On Deck 155 E 56th nSt New York, NY 10022		Loan				\$158,070.00
RITA P O Box 94951 Cleveland, OH 44101		Taxes				\$3,286.48
Spectrum Reach 1001 Morehead Square Dr., Ste. 500 Charlotte, NC 28203		Loan				\$14,809.00
State of Ohio, Dept. of Taxation 30 E. Broad Street Columbus, OH 43215-3428		Sales tax-indemnified by prior owner				\$50,000.00
Universal Oil 265 Jefferson Ave. Cleveland, OH 44113		Fuel				\$16,112.00

Fill in this information to identify the case:Debtor name **Jim's All Seasons LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **286,000.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **286,000.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **290,000.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **53,286.48****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **894,635.82****4. Total liabilities**
Lines 2 + 3a + 3b\$ **1,237,922.30**

Fill in this information to identify the case:Debtor name **Jim's All Seasons LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **US Bank****Checking****0306****\$10,000.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$10,000.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor Jim's All Seasons LLC
Name

Case number (If known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Miscellaneous office furniture, equipment and supplies	\$0.00	Liquidation	\$4,000.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$4,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			

Debtor	<u>Jim's All Seasons LLC</u>	Case number (If known) _____		
	Name			
47.1.	<u>1998 Peterbuilt</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$40,000.00</u>
47.2.	<u>1997 Ford 750 Bucket</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,500.00</u>
47.3.	<u>1998 Ford 800 Bucket</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,500.00</u>
47.4.	<u>2005 GMC Dump</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$5,500.00</u>
47.5.	<u>2020 Freightliner</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$50,000.00</u>
47.6.	<u>2008 GMC Sierra</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,200.00</u>
47.7.	<u>2016 Toyota Tundra</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$18,000.00</u>
47.8.	<u>2022 Honda Civic</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$17,000.00</u>
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	<u>Vermeer Chipper non operational</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$7,500.00</u>
	<u>2018 Vermeer Chipper</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$35,000.00</u>
	<u>2d 2018 Vermeer Chipper</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$35,000.00</u>
	<u>2017 Sure-Trac Dump Trailer</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,000.00</u>
	<u>Toro Dingo</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,000.00</u>
	<u>20 ft Overseas trailer</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,000.00</u>
	<u>40 ft Overseas trailer</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,500.00</u>
	<u>20 ft office trailer</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$800.00</u>
	<u>2004 Rayco Stump Grinder</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$20,000.00</u>
	<u>Miscellaneous Tools</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$3,000.00</u>
	<u>2002 Kenworth Dump Truck</u>	<u>\$0.00</u>		<u>\$25,000.00</u>

Debtor Jim's All Seasons LLC
Name

Case number (If known) _____

<u>GMC 7500 Dump</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,500.00</u>
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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$272,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor Jim's All Seasons LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$10,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$4,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$272,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$286,000.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$286,000.00

Fill in this information to identify the case:Debtor name **Jim's All Seasons LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Donna Deluca <small>Creditor's Name</small> 4556 Pebbble Bay South Red House, VA 23963 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred orig 5/19- Note purchased 2023 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2018 Vermeer Chipper Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52,000.00	\$35,000.00

2.2	Donna Deluca <small>Creditor's Name</small> 4556 Pebbble Bay South Red House, VA 23963 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred orig 2019, purchases 2023 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2d 2018 Vermeer Chipper Describe the lien Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$52,000.00	\$35,000.00
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Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Financial Pacific Leasing**

Creditor's Name

**3455 S. 344th Way, Suite
300
Federal Way, WA 98001**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2022

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

GMC 7500 Dump**\$62,000.00****\$2,500.00**

Describe the lien

Security Interest

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Financial Pacific Leasing**

Creditor's Name

**3455 S. 344th Way, Suite
300
Federal Way, WA 98001**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2022

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

2002 Kenworth Dump Truck**\$62,000.00****\$25,000.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Financial Pacific Leasing**

Creditor's Name

**3455 S. 344th Way, Suite
300
Federal Way, WA 98001**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2004 Rayco Stump Grinder**\$62,000.00****\$20,000.00**

Describe the lien

Security Interest

Is the creditor an insider or related party?

☒ No

Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

2022

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Ford Motor Credit**

Creditor's Name

**National Bankruptcy
Service Center
P O Box 537901
Livonia, MI 48153-7901**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$0.00**\$18,000.00****2016 Toyota Tundra**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Honda Financial**

Creditor's Name

**20800 Madrona Ave
Torrance, CA 90503**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$0.00**\$17,000.00****2022 Honda Civic**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4522

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Pathward**

Describe debtor's property that is subject to a lien

\$0.00**\$50,000.00**

Debtor **Jim's All Seasons LLC**

Case number (if known)

Name

Creditor's Name

**5501 South Broadband
Lane
Sioux Falls, SD 57108**

Creditor's mailing address

2020 Freightliner

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

F000Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$290,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **Jim's All Seasons LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address RITA P O Box 94951 Cleveland, OH 44101 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,286.48	\$3,286.48
2.2	Priority creditor's name and mailing address State of Ohio, Dept. of Taxation 30 E. Broad Street Columbus, OH 43215-3428 Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Sales tax-indemnified by prior owner Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00	\$50,000.00

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Jim's All Seasons LLC Name	Case number (if known) _____
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3.1	Nonpriority creditor's name and mailing address American Express P.O. Box 650448 Dallas, TX 75265-0448 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,668.00
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3.2	Nonpriority creditor's name and mailing address Capital One P.O. Box 30285 Salt Lake City, UT 84009 Date(s) debt was incurred <u>various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,992.00
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3.3	Nonpriority creditor's name and mailing address Expansion Capital 5801 S. Corporate Place Sioux Falls, SD 57108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,024.00
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3.4	Nonpriority creditor's name and mailing address Home Depot P.O. Box 9001010 Louisville, KY 40290 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,229.00
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3.5	Nonpriority creditor's name and mailing address Illuminating Company Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.82
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3.6	Nonpriority creditor's name and mailing address James Casciano 4797 Forrest Grove Dr Brunswick, OH 44212 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$632,000.00
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3.7	Nonpriority creditor's name and mailing address National Funding 9530 Towne Centre Dr. San Diego, CA 92121 Date(s) debt was incurred _____ Last 4 digits of account number <u>7ML1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,500.00
-----	---	--	--------------------

Debtor **Jim's All Seasons LLC**
Name

Case number (if known)

3.8 Nonpriority creditor's name and mailing address

On Deck
155 E 56th nSt
New York, NY 10022

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: LoanIs the claim subject to offset? ☒ No ☐ Yes**\$158,070.00**

3.9 Nonpriority creditor's name and mailing address

Spectrum Reach
1001 Morehead Square Dr., Ste. 500
Charlotte, NC 28203

Date(s) debt was incurred _

Last 4 digits of account number 3171As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: LoanIs the claim subject to offset? ☒ No ☐ Yes**\$14,809.00**

3.10 Nonpriority creditor's name and mailing address

Universal Oil
265 Jefferson Ave.
Cleveland, OH 44113Date(s) debt was incurred various

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: FuelIs the claim subject to offset? ☒ No ☐ Yes**\$16,112.00****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **53,286.48**
5b. + \$ **894,635.82**5c. \$ **947,922.30**

Fill in this information to identify the case:Debtor name Jim's All Seasons LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name **Jim's All Seasons LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 James Chapman****2907 Greenlawn
Independence, OH 44131****James Casciano**☐ D _____☒ E/F **3.6**☐ G _____**2.2 James Chapman****2907 Greenlawn
Independence, OH 44131****Donna Deluca**☒ D **2.1**☐ E/F _____☐ G _____**2.3 James Chapman****2907 Greenlawn
Independence, OH 44131****Expansion Capital**☐ D _____☒ E/F **3.3**☐ G _____**2.4 James Chapman****2907 Greenlawn
Independence, OH 44131****Honda Financial**☒ D **2.7**☐ E/F _____☐ G _____**2.5 James Chapman****2907 Greenlawn
Independence, OH 44131****National Funding**☐ D _____☒ E/F **3.7**☐ G _____

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6 **James Chapman** **2907 Greenlawn** **On Deck** ☐ D _____
Independence, OH 44131 ☒ E/F 3.8
☐ G _____

2.7 **James Chapman** **2907 Greenlawn** **Pathward** ☒ D 2.8
Independence, OH 44131 ☐ E/F _____
☐ G _____

2.8 **Lindsay Chapman** **2907 Greenlawn** **James Casciano** ☐ D _____
Independence, OH 44131 ☒ E/F 3.6
☐ G _____

2.9 **Lindsay Chapman** **2907 Greenlawn** **Donna Deluca** ☒ D 2.1
Independence, OH 44131 ☐ E/F _____
☐ G _____

2.10 **Lindsay Chapman** **2907 Greenlawn** **Expansion Capital** ☐ D _____
Independence, OH 44131 ☒ E/F 3.3
☐ G _____

2.11 **Lindsay Chapman** **2907 Greenlawn** **Ford Motor Credit** ☒ D 2.6
Independence, OH 44131 ☐ E/F _____
☐ G _____

2.12 **Lindsay Chapman** **2907 Greenlawn** **National Funding** ☐ D _____
Independence, OH 44131 ☒ E/F 3.7
☐ G _____

2.13 **Lindsay Chapman** **2907 Greenlawn** **On Deck** ☐ D _____
Independence, OH 44131 ☒ E/F 3.8
☐ G _____

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.14	Lindsay Chapman	2907 Greenlawn Independence, OH 44131	Pathward	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Shelly Volney	13590 Chrystal River Dr Orlando, FL 32828	James Casciano	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
------	----------------------	--	-----------------------	--

2.16	Shelly Volnyet	13590 Chrystal River Dr Orlando, FL 32828	Pathward	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:Debtor name Jim's All Seasons LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From **1/01/2023** to **Filing Date**

Sources of revenue

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

\$103,055.00

For prior year:

From **1/01/2022** to **12/31/2022**

☒ Operating a business☐ Other _____**\$727,554.00**

For year before that:

From **1/01/2021** to **12/31/2021**

☒ Operating a business☐ Other _____**\$771,551.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from**

each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**

Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
James Casciano 4797 Forrest Grove Dr Brunswick, OH 44212	CAT skid steer 2013 Ford F250 Trailer	11/17/2022-12/ 21/2022	\$81,000.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.
Who was paid or who received the transfer?
Address
If not money, describe any property transferred**Dates****Total amount or value**
 11.1. **FORBES LAW LLC**
Main Street Law Building
166 Main Street
Painesville, OH 44077
See application for appointment*4/2023****\$5,125.00****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
 Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.
Who received transfer?
Address
Description of property transferred or payments received or debts paid in exchange**Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy From-To**
 14.1. **12020 York Rd**
North Royalton, OH 44133
2018-May 2022

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

Address	Dates of occupancy From-To
14.2. 12235 York G-6 North Royalton, OH 44133	2018-May 2022

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	---	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Does debtor
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☐ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **Jim's All Seasons LLC**

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service
From-To**

26a.1. **Matt Wrobel**
4300 Brookpark Rd
Cleveland, OH 44134

2yr

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name**Address****Position and nature of any
interest****% of interest, if
any****James Chapman****Managing member****50**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Debtor Jim's All Seasons LLC

Case number (if known) _____

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 6, 2023/s/ James Chapman

Signature of individual signing on behalf of the debtor

James Chapman

Printed name

Position or relationship to debtor Managing MemberAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
Northern District of Ohio

In re Jim's All Seasons LLC

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	**0.00
Prior to the filing of this statement I have received	\$	*0.00
Balance Due * see application for appointment as counsel	\$	0.00

2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, preparation and costs of amendments to schedules or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Glenn E. Forbes 0005513

Signature of Attorney

FORBES LAW LLC

166 MAIN STREET

Painesville, OH 44077

440-739-6211

bankruptcy@geflaw.net

Name of law firm

**United States Bankruptcy Court
Northern District of Ohio**

In re Jim's All Seasons LLC

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
James Chapman 2907 Greenlawn Independence, OH 44131			Membership 50%
Lindsay Chapman 2907 Greenlawn Independence, OH 44131			Membership 40%
Shelly Volney			Membership 10%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date April 6, 2023Signature /s/ James Chapman
James Chapman

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Ohio**

In re **Jim's All Seasons LLC**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 6, 2023**

/s/ James Chapman

James Chapman/Managing Member

Signer/Title

American Express
P.O. Box 650448
Dallas, TX 75265-0448

Capital One
P.O. Box 30285
Salt Lake City, UT 84009

Donna Deluca
4556 Pebbble Bay South
Red House, VA 23963

Expansion Capital
5801 S. Corporate Place
Sioux Falls, SD 57108

Financial Pacific Leasing
3455 S. 344th Way, Suite 300
Federal Way, WA 98001

Ford Motor Credit
National Bankruptcy Service Center
P O Box 537901
Livonia, MI 48153-7901

Home Depot
P.O. Box 9001010
Louisville, KY 40290

Honda Financial
20800 Madrona Ave
Torrance, CA 90503

Illuminating Company

James Casciano
4797 Forrest Grove Dr
Brunswick, OH 44212

James Chapman
2907 Greenlawn
Independence, OH 44131

Lindsay Chapman
2907 Greenlawn
Independence, OH 44131

National Funding
9530 Towne Centre Dr.
San Diego, CA 92121

On Deck
155 E 56th nSt
New York, NY 10022

Pathward
5501 South Broadband Lane
Sioux Falls, SD 57108

RITA
P O Box 94951
Cleveland, OH 44101

Shelly Volney
13590 Chrystal River Dr
Orlando, FL 32828

Shelly Volnyet
13590 Chrystal River Dr
Orlando, FL 32828

Spectrum Reach
1001 Morehead Square Dr., Ste. 500
Charlotte, NC 28203

State of Ohio, Dept. of Taxation
30 E. Broad Street
Columbus, OH 43215-3428

Universal Oil
265 Jefferson Ave.
Cleveland, OH 44113

Form **1120-S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**▶ Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2021

For calendar year 2021 or tax year beginning

, 2021, ending

, 20

A S election effective date 01/01/2018	TYPE OR PRINT	Name JIM'S ALL SEASONS LLC	D Employer identification number 9
B Business activity code number (see instructions) 561730		Number, street, and room or suite no. If a P.O. box, see instructions. 12020 YORK ROAD	E Date incorporated 01/29/2009
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code NORTH ROYALTON OH 44133	F Total assets (see instructions) \$ 1,510,751.

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ NoH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year

3

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposesCaution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	771,559.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		771,559.
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		771,559.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)	5		2,418.
	6 Total income (loss). Add lines 3 through 5	6		773,977.
	7 Compensation of officers (see instructions—attach Form 1125-E)	7		49,920.
	8 Salaries and wages (less employment credits)	8		139,840.
	9 Repairs and maintenance	9		
	10 Bad debts	10		
	11 Rents	11		
	12 Taxes and licenses	12		23,809.
	13 Interest (see instructions)	13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		41,334.
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18		
	19 Other deductions (attach statement) See Statement	19		367,878.
20 Total deductions. Add lines 7 through 19	20		622,781.	
21 Ordinary business income (loss). Subtract line 20 from line 6	21		151,196.	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120-S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a 2021 estimated tax payments and 2020 overpayment credited to 2021	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		2,418.
	d Add lines 23a through 23c	23d		2,418.
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		2,418.
27 Enter amount from line 26: Credited to 2022 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	27		2,418.	

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

OWNER

Title

May the IRS discuss this return
with the preparer shown below?
See instructions. ☒ Yes ☐ NoPaid
Preparer
Use Only

Print/Type preparer's name

MATTHEW WROBEL, CPA

Firm's name

▶ WROBEL & ASSOCIATES CPAS

Firm's address

▶ 4300 BROOKPARK RD CLEVELAND OH 44134

Date

Check ☐ if
self-employed

PTIN

P01351142

Firm's EIN ▶ 26-3975130

Phone no. (440) 886-6200

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 02/16/22 PRO

Form **1120-S** (2021)

Schedule B Other Information (see instructions)

- 1 Check accounting method: a ☒ Cash b ☐ Accrual
c ☐ Other (specify) ▶

- 2 See the instructions and enter the:

a Business activity ▶ LANDSCAPING SERVICES b Product or service ▶ LANDSCAPING

- 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .
- 4 At the end of the tax year, did the corporation:

- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . .

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . .

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . .

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of restricted stock . . .

(ii) Total shares of non-restricted stock . . .

- b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . .

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of stock outstanding at the end of the tax year . . .

(ii) Total shares of stock outstanding if all instruments were executed ▶

- 6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . .

- 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . ☐
If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions . . . ▶ \$

- 9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . .

- 10 Does the corporation satisfy one or more of the following? See instructions . . .

- a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.
c The corporation is a tax shelter and the corporation has business interest expense.
If "Yes," complete and attach Form 8990.

- 11 Does the corporation satisfy both of the following conditions? . . .

a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.

b The corporation's total assets at the end of the tax year were less than \$250,000.

If "Yes," the corporation is not required to complete Schedules L and M-1.

Schedule B Other Information (see instructions) (continued)

	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$		X
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2021 that would require it to file Form(s) 1099?		X
b If "Yes," did the corporation file or will it file required Form(s) 1099?		
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 ▶ \$		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 151,196.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
Deductions	10 Other income (loss) (see instructions) Type ▶	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
Credits	c Section 59(e)(2) expenditures Type ▶	12c
	d Other deductions (see instructions) Type ▶	12d
	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) Type ▶	13d
Credits	e Other rental credits (see instructions) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
International Transactions	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ▶ <input type="checkbox"/>	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a 8,396.
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties—gross income	15d
	e Oil, gas, and geothermal properties—deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d 31,837.
	e Repayment of loans from shareholders	16e
	f Foreign taxes paid or accrued	16f

Form 1120-S (2021)

Schedule K Shareholders' Pro Rata Share Items (continued)

Total amount

Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	0.
	d	Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .		18 151,196.

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		90,571.		6,554.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	572,917.		658,720.	
b	Less accumulated depreciation	(287,207.)	285,710.	(299,523.)	359,197.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	1,450,000.		1,450,000.	
b	Less accumulated amortization	(225,000.)	1,225,000.	(305,000.)	1,145,000.
14	Other assets (attach statement)				
15	Total assets		1,601,281.		1,510,751.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) Ln 18 St		8,695.		24,019.
19	Loans from shareholders		143,348.		6,000.
20	Mortgages, notes, bonds payable in 1 year or more		1,313,321.		1,227,874.
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		135,917.		252,858.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		1,601,281.		1,510,751.

REV 02/16/22 PRO

Form 1120-S (2021)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	148,778.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest \$	
	2,418. FUELS TAX CREDIT	2,418.	6	Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		a	Depreciation \$	
a	Depreciation \$		7	Add lines 5 and 6	
b	Travel and entertainment \$		8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	151,196.
4	Add lines 1 through 3	151,196.			

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	129,699.	0.	0.	0.
2 Ordinary income from page 1, line 21	151,196.			
3 Other additions				
4 Loss from page 1, line 21	()			
5 Other reductions	()			
6 Combine lines 1 through 5	280,895.	0.	0.	0.
7 Distributions	31,837.	0.	0.	0.
8 Balance at end of tax year. Subtract line 7 from line 6	249,058.	0.	0.	0.

REV 02/18/22 PRO

Form 1120-S (2021)

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Accrual Basis

Jim's All Seasons LLC
Profit & Loss
 January 1 through April 4, 2023

	Jan 1 - Apr 4, 23
Ordinary Income/Expense	
Income	
Equipment Rental	129.13
Maintenance Services	102,926.00
Total Income	103,055.13
Gross Profit	103,055.13
Expense	
Advertising and Promotion	1,148.09
Auto and Truck Expenses	
Fuel	8,918.68
Total Auto and Truck Expenses	8,918.68
Bank Service Charges	
Bank Fees	3,692.43
Bank Service Charges - Other	841.60
Total Bank Service Charges	4,534.03
Computer and Internet Expen...	119.57
Equipment	
Parts & Supplies	1,433.05
Repairs and Maintenance	2,274.66
Equipment - Other	180.00
Total Equipment	3,887.71
Insurance Expense	
Business Liability Insurance	6,323.02
Permits & Bonds	314.00
Total Insurance Expense	6,637.02
Interest Expense	1,084.11
late fee	164.09
Legal Service	1,000.00
Loan on Equipment	2,110.00
Meeting Meal	169.98
Office Supplies	599.46
Payroll Expenses	84,929.63
Refund	114.89
Rent Expense	
5100 Property	10,990.00
Apartment	1,650.00
Office	1,700.00
Total Rent Expense	14,340.00
Safety and Training	29.95
Tax Filing	
Ohio Sales Tax	9,000.90
Tax Filing - Other	53.00
Total Tax Filing	9,053.90
Telephone Expense	2,858.77
Telephone Expense/Internet	165.22
Utilities	1,093.22
Waste Service	1,970.30
Total Expense	144,928.61
Net Ordinary Income	-41,873.48

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04/04/23

Accrual Basis

Jim's All Seasons LLC
Profit & Loss
January 1 through April 4, 2023

	<u>Jan 1 - Apr 4, 23</u>
Other Income/Expense	
Other Expense	
Ask My Accountant	<u>16,242.89</u>
Total Other Expense	<u>16,242.89</u>
Net Other Income	<u>-16,242.89</u>
Net Income	<u><u>-58,116.37</u></u>

**United States Bankruptcy Court
Northern District of Ohio**

In re **Jim's All Seasons LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Jim's All Seasons LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

April 6, 2023

Date

/s/ Glenn E. Forbes**Glenn E. Forbes 0005513**

Signature of Attorney or Litigant

Counsel for **Jim's All Seasons LLC****FORBES LAW LLC****166 MAIN STREET****Painesville, OH 44077****440-739-6211****bankruptcy@geflaw.net**